

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/019295

26 MARCH 2002

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3	2					
4	/					
5	/					
6	①					
7	①					
8	①					
9	①					
10	①					
11	/					
12	/					
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49						
50						
TOTAL IND.	2		3			
TOTAL DEP.	11	↔	8	↔	↔	↔
TOTAL CLAIMS	13	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↔		↔	↔	↔
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]